

SELF-CARE PROGRAM REPLICATION TOOL KIT



US Army Center for Health Promotion and Preventive Medicine (USACHPPM)
Directorate of Health Promotion and Wellness

PREFACE

This self-care program replication tool kit is designed to assist in the implementation of a self-care program tailored to active duty Military Health System (MHS) beneficiaries served within the Troop Medical Clinic (TMC) or Forward Aid Station (FAS). The model used in this package is developed from a hybrid of a self-care program for Initial Entry Training (IET) soldiers implemented at the General Leonard Wood Army Community Hospital (GLWACH), Fort Leonard Wood and US Army Center for Health Promotion and Preventive Medicine.

The program at Fort Leonard Wood (FLW) demonstrates that the critical factors for success in any self-care program in the MHS are:

- Communication between program stakeholders
- Command support
- Self-care class instruction that teaches soldiers how to care for themselves and use the self-care process
- Self-care guide
- A structured self-care process
 - Quality assurance points
 - Tracking eligible users

The FLW program, implemented in 1997, was initially funded by the Health Promotion and Prevention Initiative (HPPI) Program and has operated continuously since that time. In June 2001, USACHPPM expanded the Self-care Program to include five Advanced Individual Training (AIT) Self-care Program Replication sites:

- Aberdeen Proving Ground, Maryland
- Fort Huachuca, Arizona
- Fort Jackson, South Carolina
- Fort Sam Houston, Texas
- Fort Sill, Oklahoma

As demonstrated at these replication sites, aspects of the self-care program may need to be adapted to the local environment and infrastructure. This tool kit includes only the core components of the program for successful implementation. The work group that champions the self-care program at an installation can identify areas where local adaptations may be necessary. The work group can also determine what adaptations will be implemented and how each adaptation will function within the program.

NOTE: Mention in this publication of external hyperlinks, publications, and/or products does not constitute endorsement by the U.S. Army of the websites, information, products and/or services contained therein.

ACKNOWLEDGEMENTS

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Acknowledgements are given to Fort Leonard Wood personnel and Fort Leonard Wood Troop Medical Clinic (TMC) for their contributions to this tool kit from the original self-care program which has been implemented and evaluated at Fort Leonard Wood.

Special thanks is given to the Commander of the Third Training Brigade, Fort Leonard Wood, Missouri, the Battalion Commanders, the Command Sergeant Majors, and Drill Sergeants who spear-headed this effort. Appreciation is given to Third Battalion, Third Brigade for the brief on the Soldierization Process and an overview on the self-care program from the Battalion perspective.

Recognition is given to the individuals at Fort Leonard Wood that provided statistical information for the self-care program. Appreciation is also given to the individuals at Fort that contributed lesson plans and other materials for the program.

We extend our appreciation to past MEDDAC commanders and staff at Fort Leonard Wood for the initial implementation and evaluation of the program.

Special thanks are given to the Subject Matter Experts and Reviewers that assisted in the production of the Soldier Health Maintenance Manual.

Appreciation is extended to the staff at the self-care program replication sites.

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Chapter 1 – Program Coordinator’s Guide

Section I. Purpose of the Self-care Program Replication Tool Kit

This self-care program replication tool kit is written for the health care program coordinators and health promotion center personnel who will perform essential program administration tasks and implement a self-care program at their installations. The materials contained within this tool kit provide the necessary framework and step-by-step guidance on implementing a self-care program.

Note: If a file name is listed after a resource, it is located in the tool kit CD.

Section II. Description of the Self-care Program

A. What is self care?

A self-care program emphasizes the importance of both prevention and responsibility. Program participants are taught basic preventive medicine concepts and skills in order to recognize common minor illness symptoms and then implement appropriate treatment options. This includes a three-step incremental approach to caring for their own health:

- Step 1. Use of common remedies, such as treating mild sore throat symptoms by gargling with salt water.
- Step 2. Use of over-the-counter (OTC) medications, such as throat lozenges.
- Step 3. Use of a health care provider for professional diagnosis and treatment.

Each program participant is responsible for implementing self-care in accordance with the training regarding the steps above. The process of education and empowerment builds confidence among program participants in their own ability to appropriately address minor health conditions and also promotes the appropriate use of health care services within the MHS.

The self-care program outlined in this tool kit is primarily intended for active duty troops who use a Troop Medical Clinic (TMC) or Forward Aid Station (FAS). It is important to note that self-care is not self-treatment rendered for a medical condition that is *beyond* the scope of minor illness or injury. A self-care program is never meant to replace the expertise of a health care provider, but is intended to help MHS beneficiaries make informed decisions about caring for their own health.

B. Definitions.

Self-care. Self-care is practicing prevention and taking personal responsibility for health. It includes a wide range of health-related decision making skills and care undertaken by individuals on their own behalf. Self-care may include: health maintenance, illness prevention, symptom evaluation, self-diagnosis, self-treatment using common remedies and OTC medications, and an encounter with a professional health care provider.

Stakeholder. A stakeholder has an interest in the success of a program or project activity. Stakeholders can include line commanders, drill sergeants, and clinic coordinators or administrators. Some examples of program or project activities are: injury prevention to reduce training injuries, or self-care prevention counseling for nutrition and health risk factors.

Participant. A participant is any individual with a role or responsibility focused on a specific task to be accomplished in support of a program. Participants can include a triage nurse or medic, or the van or bus driver that transports soldiers to the TMC.

Section III. Self-care in the U.S. Army

In the IET and AIT environment, soldiers may be sent to the TMC because opportunities to perform effective self-care are unavailable. Historically, the AMEDD health care system has caused AIT soldiers to be dependent on the health care system by limiting health care choices. However, self-care can be an option for common, minor health conditions that could be remedied by the soldier when a structured program is available. Additionally, in the absence of a self-care program, the soldier may lose training time unnecessarily, and health care provider resources may be used inefficiently.

A self-care program enables soldiers to assume individual responsibility for health care. By providing them with formal self-care education, guidelines, and support, the TMC can effectively manage the demand for medical care for non-emergent, self-treatable health conditions, while also teaching accountability for the proper treatment of these illnesses. The benefits of self-care include:

- Increased knowledge of personal health.
- Empowerment to care for oneself.
- Creation of more effective health care consumers within the MHS.

For more information regarding self-care, see Self-care Program Rationale and Background in this tool kit. (Rationale and Background.doc).

Section IV. Self-care Program Goals

The overall goals of the self-care program are to:

- Reduce training time lost by soldiers waiting to receive medical care at the TMC.
- Empower soldiers to be responsible for personal health.
- Reduce health care costs for the TMC and health care providers.
- Reduce unnecessary sick call visits and decrease demand for unnecessary clinical services.
- Increase efficiency of delivery of care (e.g., OTC medications delivered via self-care versus OTC medications prescribed by a health care provider).

Chapter 2 – The Self-care Process

Section I. Self-care Program Components

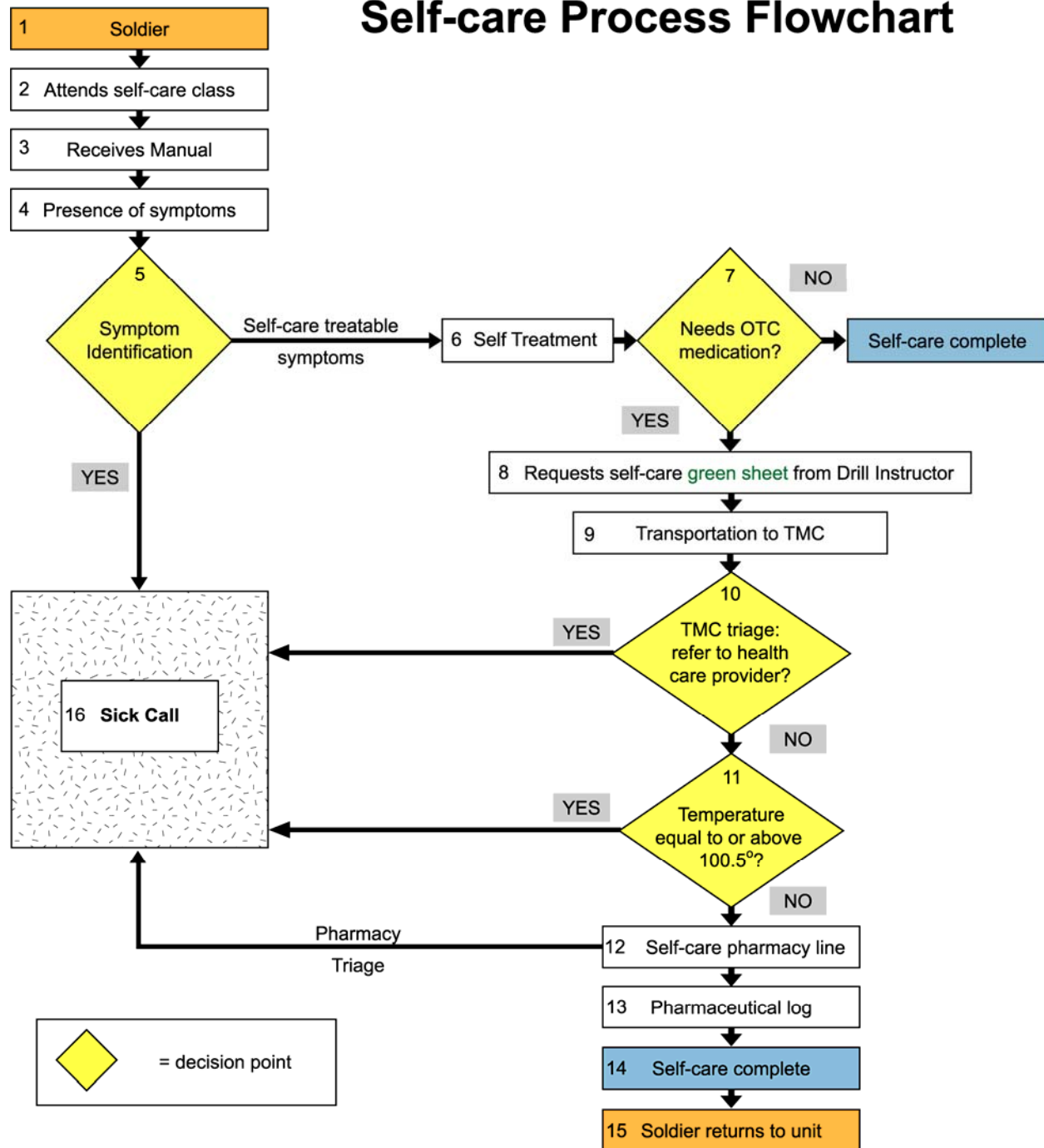
As previously mentioned, the model used in this self-care program tool kit is based on the highly effective self-care program for AIT soldiers at Fort Leonard Wood. This model can also be adapted for other beneficiary populations and other primary care venues. This self-care program replication tool kit contains the main self-care program components only.

The self-care process is as follows:

All trainees attend a self-care education class and receive a Soldier Health Maintenance Manual. If trainees have a minor illness, they identify symptoms using the manual and perform self-treatment. If symptoms can be managed with a non-prescription medication, then the trainees obtain and complete the “Treatment Options for Symptoms/Conditions” sheet from their drill sergeant. The trainees are then transported to the Troop Medical Clinic where they are triaged, to ensure self-care is appropriate. Trainees assigned to the self-care line have their temperature taken and go to the self-care pharmacy window. When the pharmacy technician reviews the “Treatment Option for Symptoms and Conditions sheet”, the trainees sign the informed consent statement, receive the self-care medications, pharmacy counseling and return to their units.

The following flowchart outlines the overall self-care process.

Self-care Process Flowchart



Steps in the Self-care Program Flow Chart

- 1 Soldier (trainee) enters AIT.
- 2, 3 Soldiers attend self-care class and receive self-care manual during the first week.
- 4 Soldier experience symptoms.
- 5 Identifies self-treatable symptoms using manual.
- 6 Soldier treats symptoms using common remedies.
- 7 Decision point – Soldier needs OTC medication.
- 8 Requests green sheet.
- 9 Soldiers transported and arrive at TMC with white sheet for Sick Call and green sheet for Self-Care.
- 10 Triage. Medic checks vital signs and assesses soldier.
- 11 Decision point – Medic verifies that vital signs are within normal limits (temperature is less than 100.5 F). Reviews the green sheet to verify that the symptoms are treatable with non-prescription medication.
- 12 Soldier proceeds to Self-care pharmacy window.
- 13, 14 Pharmacy technician reviews green sheet, logs trainee information into the computer database. Soldier signs informed consent statement, receives pharmacy counseling and self-care medications.
- 15 Soldier returns to the unit.
- 16 Vital signs are not within normal limits and/or symptoms are beyond the scope of self-care treatment. Soldier is referred to sick call.

A. Forms

The following forms are used throughout the self-care process. Reference to each form's function is included in the description of the appropriate self-care program component. Examples of each form can be found in this tool kit. The first three forms listed below will be referred to as green, white, and yellow sheets throughout the remainder of the tool kit.

- Green Sheet - Treatment Options for Symptoms/Conditions (Green Sheet.doc)
- White Sheet - Sick call slip (Sick Call Slip.ppt)
- Yellow Sheet - Self-Care Program Evaluation (Yellow Sheet.doc)
- Program Coordinator's Checklist (Coordinator checklist.doc)
- Evaluation of Teaching Performance (Teaching Evaluation.doc)
- Self-care pre/post-test ("Self-care Quiz") (Quiz2a.doc Quiz2b.doc)
- Self-care Score Key/Answer Sheet (Quiz2a Answers.doc Quiz2b Answers.doc)
- Self-care Mini Teach-back (Mini-teachback.doc)

B. Formal Instruction

Each soldier receives formal instruction in a one- to two-hour self-care education class during the first week of training. Soldiers take a quiz and receive a sticker upon completion of the class. The class focuses on the self-care needs of the soldier. These needs include: proper identification of symptoms, use of the Soldier Health Maintenance Manual, and safe use of OTC medications to alleviate the discomforts of minor illness or injury.



(1) Participation in the self-care class is mandatory for those who will use the self-care program.

- (2) Class instructors are trained medical personnel (e.g., community health nurses, pharmacists, and/or medical military occupation specialty (MOS) 91-Bs, 91-Cs, and 91Ws).

C. Soldier Health Maintenance Manual

Each soldier receives a Soldier Health Maintenance Manual (SHMM) that identifies and describes a variety of common health symptoms. The SHMM includes home treatment options such as gargling with salt water for a sore throat and also describes non-prescription medications that can be obtained from an installation-approved OTC medication list. For information regarding the reproduction of the manual, see Appendix B.

- (1) The health symptoms are described in detail in the SHMM to assist individuals in making informed decisions.

- (2) The soldier completes a symptom evaluation using the SHMM and, if appropriate, performs self-treatment.
- (3) If he/she determines that the symptom(s) is/are self-treatable and that an OTC medication is indicated, the soldier requests a green sheet from the drill instructor.

D. Request for Self-care

Drill sergeants are to give green sheets only to soldiers who have had the class. Soldiers who have not had the class are not eligible to use the Self-care Program.

Potential tracking mechanisms include:

- Self-care stickers placed on ID cards of soldiers who complete the class.
- Submit a class roster or attendance sheet to Self-care Program Coordinator or pharmacy.

The soldier receives the green sheet from the drill instructor and completes it. The green sheet identifies symptom(s) of a minor illness and treatment options. The soldier assumes complete responsibility for: identifying the minor illness or injury; using the SHMM; understanding self-care treatment options; and requesting and using the self-care treatment options.

E. Transportation to the TMC

The soldier is transported to the TMC, and takes the white and green sheets with him/her. Delays in transportation can decrease the effectiveness of the self-care program.

Trainees request self-care.



F. TMC Assessment/Triage



Upon arrival at the TMC, those soldiers using the self-care program are sent to the front of the sick call line. Each soldier presents the white and green sheets to the medic at the triage area, and has his/her temperature taken. If the temperature exceeds 100.5⁰ F (see HSC Pam 40-7-21, Algorithm-Directed Troop Medical Care), the soldier is referred to the regular sick call line. If the temperature is below the threshold, a licensed practical nurse (LPN), registered nurse (RN), or medic evaluates the soldier to determine if self-care is appropriate or if the services of a health care provider are indicated. The LPN, RN, or medic reviews the green prior to directing the individual to the self-care pharmacy line.

G. Pharmacy Self-care Usage Log, Accountability, and Safeguards

The pharmacist or pharmacy technician reviews the green sheet to ensure that the indicated symptoms are consistent with the OTC medication request. The technician also checks the medication log in the patient care database (such as the Composite Health Care System [CHCS]) to identify any prior use and frequency of specific OTC medications distributed to the soldier. The soldier reads and signs an informed consent statement concerning the self-care program and OTC medication usage.

- (1) The patient care database is intended to protect the soldier. A record of the date and type of all prescription and OTC medications received by the soldier is stored within this database in order to help protect the soldier from medication overuse and drug interactions. The patient care database also allows the pharmacy technician to document requests for self-care OTC medications by self-care program participants.
- (2) The TMC sets parameters for OTC medication distribution based on symptom identification, frequency of OTC medication requests, and prior and current OTC medication use. If a soldier's request for a self-care treatment option falls outside these parameters, the AIT soldier will be denied the self-care treatment option and will be referred to the regular TMC sick call line.
- (3) The soldier reads and signs the informed consent statement, witnessed by the pharmacy technician.

- (4) Drill sergeants are facilitators of the self-care process and do not diagnose or make treatment recommendations for any health condition.
- (5) OTC medications are distributed to the soldier after all the above safeguards are in place.
- (6) Medications are not to be shared. They are to be used only for the chief complaint and should be disposed of they are not all taken.

H. Sick Call

Soldiers with a health condition that cannot be safely addressed through the self-care program are directed to the regular TMC sick call line.

I. Regulations

This self-care process meets all criteria established by the U.S. Food and Drug Administration (FDA), AR 40-3, and HSC PAM 40-7-21.

Section II. Basic Program Cycle Guidelines

A. Suggested Steps for Preparing and Developing a Self-care Program

These steps may be applied as appropriate when developing a self-care program. Additional pertinent actions may also be indicated, based on local installation infrastructure and environment.

- (1) Identify and describe the target audience (e.g., training status, age, and gender); include social, environmental, administrative, and epidemiological factors.
- (2) Develop a self-care program outline. Include self-care process materials, equipment, and the self-care process flow chart (Figure 1).
- (3) Identify and develop resources for obtaining information and materials to support the self-care program at the installation. Resources may include: ancillary support staff, print plant, equipment/supply offices, information management, transportation offices, and the USACHPPM.
- (4) Develop and deliver a briefing for the commander's approval/guidance; include self-care program endorsements. A sample commander brief is included in this tool kit that can be adapted and modified as needed.
- (5) Obtain command guidance and approval.

- (a) Contact the hospital commander to get guidance and concurrence.
 - (b) Contact the unit/installation commander. (The hospital commander may do this for you.)
 - (c) Contact the Plan and Operations Officer (S-3)/unit/line commander.
 - i. Deliver a briefing to drill sergeants. A sample drill sergeant brief is included in this tool kit that can be adapted and modified as needed.
- (6) Distribute the self-care program overview and other program information to include the following:
- (a) Command/TMC packet (e.g., executive summary, information paper, letters, and standard briefing packet).
 - (b) Instructions to the TMC, drill sergeants, and command staff relating to command expectations, support, and roles within the self-care program. The command staff includes: Plans and Operations Officer (S-3) and the command sergeant major (CSM).
- (7) Implement policies and regulations.
- (a) Develop and/or state standard operating procedures (SOPs) and program accountability and implementation issues. A sample of Fort Huachuca's SOP is referenced in the Appendix B.
 - (b) Develop and include memoranda of understanding (MOUs) or cooperative agreements or collaborations with other command systems and divisions.
 - (c) Identify and state limitations of resources such as:
 - Soldiers' ease of accessibility to the self-care program.
 - Unit responsibility for transportation of soldiers to the TMC.
- (8) Conduct an Instructor-Trainer Program. Recruit medical MOSs as self-care program trainers. Coordinate, implement, and evaluate training of medical MOSs for teaching the self-care program. The training program should include instructor briefing slides and sample handouts of green, yellow, and white sheets, and other self-care program documents. A sample Instructor-Trainer brief is included in this tool kit that can be adapted and modified as needed.
- (9) Identify personnel who will operate the program, and plan financial resources including budget and accounting systems. Resource planning should also include any

SOPs related to fund expenditures and resource management issues. Timelines should be established for all resource expenditures.

(10) Develop and implement a marketing plan. Establish a schedule for coordination and initiation of the self-care program with the command S-3. The marketing plan may include e-mail reminders, briefings, fliers, and self-care health articles to inform and remind the command at large of the self-care program.

(a) The marketing plan should include direct communication to soldiers as well as to the command.

- Solicit senior leader buy-in (e.g., participation in senior leader meetings).
- Form a council of all stakeholders and participants within the command, including the S-3, TMC leaders, the chief of pharmacy, and personnel at unit levels. The CSM, who is the direct link to the drill sergeants, should also be included in the council. As an example, Fort Huachuca's self-care council includes the self-care program coordinator, instructors, S3 for student brigades, NCOIC for the S-3, and some drill sergeants. It meets quarterly with the ability to call an ad hoc meeting. Initially, the council met every two weeks.
- Prepare a general briefing regarding the self-care program. Highlight the self-care process, benefits, liabilities, and potential risks. Emphasize cost savings. The sample briefs included in this tool kit that can be adapted and modified as needed.
- Send program summary results for each training cycle to hospital, unit, and/or installation commanders. Include TMC statistics such as self-care visits, training time conserved and provider visits avoided, and estimated cost avoidance. A data collection template is included in this tool kit.

(b) The marketing plan should also include indirect communication to the community and the command. This communication is a valuable mechanism for staff feedback.

(c) Develop an evaluation plan of marketing efforts.

B. Actions During the Program Cycle

- (1) Send e-mail reminders to command personnel (include S-3s) and the CSM about self-care training classes. The trainer/medical MOS will informally instruct the S-3s about green, yellow, and white sheets.
- (2) Duplicate and disseminate green and yellow sheets. The S-3s will explain how to use these sheets to the drill sergeants.

- (3) Collect the yellow sheets from the S-3.

C. Actions After the Program Cycle

- (1) Collect and analyze data from the yellow sheets. A data collection template is included in this tool kit.
- (2) Provide a program summary of statistics and calculations to the commander of the hospital, unit, or installation as each AIT group finishes a training cycle. Consider the following:
 - (a) The number of troops seen at the TMC.
 - (b) The number of self-care program users.
 - (c) Cost avoidance for the TMC.
 - (d) Training time saved.
 - (e) Provider time saved.
- (3) Evaluate the self-care program. Develop a simple checklist for major participants and stakeholders. Sample checklist questions may include the following:
 - (a) Is the S-3 scheduling classes?
 - (b) Are there enough manuals and supplies?
 - (c) Is there cooperation from the TMC pharmacy and other stakeholders?
 - (d) Are there enough green sheets?
 - (e) Is the program summary useful?
 - (f) Are the yellow sheets being returned to the coordinator?
 - (g) Have the stakeholders identified either increased or decreased workload burdens (e.g., time, costs, personnel, workload)?
 - (h) Are the military units completing the administrative work necessary to get the green and yellow sheets?

Section III. Liability and Potential Risks

A. Precautions

Precautions should be taken to ensure that each soldier participates voluntarily in the self-care program. The soldier assumes responsibility for identifying both common, minor, self-treatable health conditions. Trained personnel the appropriate level of health care required to address the ailment. In addition, each self-care program participant is accountable for proper use and storage of any OTC medications received as part of the self-care program.



B. Availability of OTC Medications

OTC medications are not dispensed freely, but are only made available upon request after following the self-care program procedures as approved by the TMC. The delivery mechanism for OTC medications in a self-care program depends upon each program participant making an informed request to receive an OTC medication to treat symptoms of a minor illness or injury. This request is based upon accurate knowledge, TMC-approved guidelines, and a system of accountability.

C. Responsibility

The soldier receives formal training about proper self-care and safe use of OTC medications. This training improves the soldier's ability to safely use self-care, and instills individual accountability for appropriate health care.

D. Informed Decision and Consent

Participating soldiers are required to read and sign an informed consent form that reinforces the parameters of the self-care program as established by the TMC.

E. Labeling

All OTC medications available in the self-care program are labeled in accordance with AR 40-3 and all applicable Federal regulations.

F. Potential Risks

While risks exist with any program that emphasizes individual responsibility for health, a comprehensive self-care program teaches individuals how to properly identify common, minor, self-treatable health conditions and safely use common self-care remedies or selected OTC medications.

- (1) Because of the education and safeguards that are built into the self-care program, self-care may actually reduce the risk of improper self-identification and improper OTC medication use.
- (2) All OTC medications made available through a self-care program must meet AR 40-3 and FDA requirements for OTC medication distributions.

Section IV. Quality Assurance

A. Background

Since self-care delivers health care services to soldiers, quality assurance measures are required. These quality assurance (QA) procedures are an integral part of the entire self-care process. The QA procedures for the Self-care Program include:

- (1) following standardized medical commander approved protocol.
- (2) completing regular audits.
- (3) performing program evaluation.

These procedures are based on and supported by guidance in U.S. Army Health Services Command (HSC) Pamphlet (PAM) 40-7-21 and two memoranda signed by BG Bester, Deputy Chief of Staff for Operations, Health Policy and Services at MEDCOM.

The documents are listed below are included in this tool kit as appendices.

- (1) "Ambulatory Patient Care – Algorithm-Directed Troop Medical Care."
U.S. Army Health Services Command (HSC) Pamphlet (PAM) 40-7-21, June 1992
- (2) Memorandum for Commanders, MEDCOM RMCs/MEDDACs
Subject: Health Services Command (HSC) Pamphlet (PAM) 40-7-21, January 2001
- (3) Memorandum for Medical Treatment Facility (MTF) Commanders and Deputy Commanders for Clinical Services (DCCS)
Subject: Recommendations to Improve Soldier Health Care, January 2001

B. Procedures:

- (1) Taking the temperature is a part of the standardized self-care protocol and is included as a safety checkpoint for the Self-care Program. In order to be eligible to use the Self-care Program, soldiers will have a temperature of less than 100.5 ° F. If the soldier's temperature is equal to or greater than 100.5° F, refer the soldier to sick call.
- (2) The Pharmacy & Therapeutics Committee or its equivalent at the installation must develop a list of over-the-counter (OTC) medications for the Self-care Program.

The commander must approve the medications list. The “green sheet” is an example of the OTC’s used in some sites that have a Self-care Program. A list of medications for self-care is located in Appendix B of HSC PAM 40-7-21.

(3) The MTF commander will direct the implementation and documentation in writing of the annual didactic and hands-on training of screening personnel.

(4) TMC supervising medical officer will certify in writing that clinic personnel who perform screening have training, re-training, in-service education and evaluation in use of ADTMC.

(5) Use a locally adapted Internal/External Audit Form for the ADTMC (formerly titled as MEDCOM/HSC Form 425-R) in the audit process to ensure an acceptable level of screening performance.

(a) It can identify deficiencies of screening conducted.

(b) The responsible medical officer uses the form to make corrective actions based on deficiencies, rate referrals and to assess the sick call workload.

(6) Evaluation is essential for program sustainment.

(a) Collect metrics on a routine basis in order to have ongoing information regarding program effectiveness using a data collection template.

(b) Track the number of soldiers that are eligible to use the Self-care Program.

(c) Samples of the data collection template and the Soldier Self-care Summary report developed by USACHPPM are included in the appendices. The template and report can be used "as is" at your site or can be modified to meet your specific information needs. (Data Collection Template.xls) (Sample Program Summary Report.doc)

APPENDIX A – References (If included on CD, file name is listed after reference.)

1. Self-care Program Rationale and Background (Rationale and Background.doc)

2. U.S. Army Regulations and Memoranda Supporting Self-care:

AR 40-3 Medical, Dental and Veterinary Care, Paragraph 11-12, f (r40_3.pdf)

HSC 40-7-21 Algorithm-Directed Troop Medical Care, Pg. 8-9, Pg. 244 (P40-7-21.pdf)

MEMORANDUM FOR COMMANDERS, MEDCOM RMCS/MEDDACs

Subject: Health Services Command (HSC) Pamphlet 40-7-21 (Bester Memo pam40721.pdf)

MEMORANDUM FOR Medical Treatment Facility (MTF) Commanders and Deputy Commanders for Clinical Services (DCCS)

Subject: Recommendations to Improve Soldier Health Care, Pg. 3, 2.h (BG Bester – Recommendations to Improve.pdf)

3. Self-care Studies:

Powell, D. R., Sharp, S. S., Farnell, S. D. (1997). Implementing a self-care program: Effect on employee health care utilization. American Association of Occupational Health Nurses Journal, 45(5), 247-253.

Steinweg, K. K., Killingsworth, R. E., Nannini, R. J., Spayde, J. (1998). The Impact on a Health Care System of a Program to Facilitate Self-Care. Military Medicine, Vol.163, 139-144.

Moore, S & Loberfo, J. (1980). The effect of a self-care book on physician's visits. JAMA, Vol. 243, 2317-2320.

Kemper, D. (1982) Self-education: Impact on HMO costs. Medical Care, Vol. 20, 710-718.

Vickery, D.M., Golaszewski, T.J., Wright, E.C., & Kalmer, H. (1988). The effect of self care interventions on the use of medical service within a Medicare population. JAMA, Vol. 250, 2952-2956.

Leigh, J.P., & Fries, J.F. (1992). Health habits, health care use, and costs in a sample of retirees. Inquiry, Vol. 29, 44-54.

Schappert, S.M. (1994). National ambulatory medical care survey: 1992 summary. Advanced data from vital and health statistics; No. 253. Hyattsville, MD: National Center for Health Statistics.

4. Self-care Programs:

Fort Leonard Wood Program Information Paper

TMC Self-care Intervention Program Study Proposal, June 1992, Killingsworth, R.E.

5. Miscellaneous Articles:

Sears, H.J. (2000). Optimization: what's it all about. Plain Talk About TRICARE

APPENDIX B - Self-care Program Resources (If included on CD, file name is listed after resource.)

1. Program Coordinator's Checklist (Coordinator checklist.doc)

2. PowerPoint Briefs (All briefs include slides and talking points.)

- Self-care class brief (Self-care Class Brief.ppt)
- Instructor-trainer class brief (Instructor-Trainer brief.ppt)
- Drill Sergeant brief (Drill Sergeant brief.ppt)
- Commander's brief (Self-care commander brief 2002.ppt)

3. Self-care Process Flow Chart

- Graphic depiction of the self-care process (Self-care process Flow Charts.doc)

4. Soldier Health Maintenance Manual (<http://chppm-www.apgea.army.mil/documents/TG/TECHGUID/shmm.PDF>)

5. Troop Medical Clinic (TMC) Self-care Program Treatment Options For Symptoms/Conditions

- Green sheet (Green Sheet.doc)

6. Self-care Program Evaluation Form

- Yellow sheet (Yellow Sheet.doc)

7. Sick Call Slip

- White sheet (Sick Call Slip.ppt)

8. Self-care Quiz and Score Key/Answer Sheet (Quiz2a.doc, Quiz2a Answers.doc, Quiz2b.doc, Quiz2b Answers.doc)

9. DA Form 4106 *Quality Assurance/Risk Management Document* (daform4106.bmp, daform4106.bmp or via AMEDD Form Flow)

10. HSC Form 425R *Internal/External Audit Form for ADTMC* (HSC Form 425R.doc)

11. Evaluation of Teaching Performance Form (Teaching Evaluation.doc)

12. Instructor/Trainer Mini-Teachback (Mini-teachback.doc)

13. Data Collection Template (Data Collection Template.xls)

14. Sample Program Summary Report (Sample Program Summary Report.doc)

15. Fort Huachuca SOP (SCAITS SOP.doc)

16. Self-care Logo (selfcare logo.bmp)

17. Soldier Health Maintenance Manual Reproduction Tech Guide 272 (SHMM Reproduction.doc)